U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## "FEE ADDRESS" INDICATION FORM

Address to:   Fax to:
P.O. Box 1450  Alexandria, VA 22313-1450  HAN-022 /DEF 5687 VSCIP
INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.
For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:
OR
The attached Request for Customer Number (PTO/SB/125) form.
PATENT NUMBER APPLICATION NUMBER (if known)
10/664,371
Completed by (check one):
Applicant/Inventor
Signature
Attorney or Agent of record 39,235 David S. Jacobson  (Reg. No.) Typed or printed name
Assignee of record of the entire interest. See 37 CFR 3.71. 203-323-1800
Statement under 37 CFR 3.73(b) is enclosed.  (Form PTO/SB/96)  (Form PTO/SB/96)
Assignee recorded at Reel Frame 9/15/10
Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below.

This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public wich in its less fame by the USFTO to process) an application Conditionality is governed by \$3 U.S. 0.1.22 and \$3.0°CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including applicing, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or exaggestons for reducing this burden, should be sent to the Chef Information of USF. Patient and Trademark Office, U.S. Depart ment of Commerce, P.O. Box 1469, Maxandria, VA. 22313-1469. DO NOT SEND COMPLETE D FORMS TO THIS A DDRESS. SEND TO: Mild 150 M Correspondence, Commissioner of Petents, P.O. Box 1469, Maxandria, VA. 22313-1469.